

St. Joseph County Department of Health

"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"

Schematic Request

| Person Requesting Schemati | ic(s): | | |
|--|-------------|---------------|------------------|
| Company: | | | |
| Address: | | | |
| City: | ity: State: | | Zip: |
| | Fax: | | |
| Schematic Information: | | | |
| ☐ Will Pick Up ☐ Please FAX ☐ E-Mail PDF to: | | | |
| (Date) | | _ | (E-Mail Address) |
| 1. Address & City: | | | |
| Subdivision & Lot No.: | | | |
| 2. Address & City: | | | |
| Subdivision & Lot No.: | | | |
| 3. Address & City: | | | |
| Subdivision & Lot No.: | | | |
| 4. Address & City: | | | |
| Subdivision & Lot No.: | | | |
| FOR OFFICE USE ONLY! | | | |
| Date of Request: | | Number of | Schematics: |
| Date Issued: | | Amount Pa | aid/Invoiced: |
| Transaction/Invoice #: | | Initials of S | Staff: |